

REGION VII AGING SERVICES

Cherry Schmidt, Regional Aging Services Program Administrator

Serving: Burleigh, Morton, Kidder, Grant, McLean, Mercer, Sheridan, Sioux, Emmons, & Oliver Counties



Summer 2006



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AGING SERVICES NEWSLETTER

Please share this newsletter with a friend, co-worker, at your Senior Center, post on a bulletin board, etc. If you wish not to be on the mailing list for the newsletter, please contact **Cherry Schmidt** at **328-8787**. You are welcome to submit any news you may have regarding services and activities that are of interest to seniors in this region. **West Central Human Service Center** makes available all services and assistance without regard to race, color, national origin, religion, age, sex, or handicap, and is subject to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1975 as amended. **West Central Human Service Center** is an equal opportunity employer.

MISSION STATEMENT:

In a leadership role, Aging Services will actively advocate for individual life choices and develop quality services in response to the needs of vulnerable adults, persons with physical disabilities, and an aging society in North Dakota.

*Region VII Newsletter
compiled by Shannon
Nieuwsma, WCHSC*

*Layout & design by
Peggy Krein, WCHSC*



Preventive Maintenance For the Brain

Can Exercise or Mind Games Help?

A Look at the Evidence

If it seems you're forgetting more as you grow older, you are. Like most other organs in the body, the brain gets smaller as we age, leading to a decline in memory, decision-making ability and verbal skills. That doesn't necessarily mean that you're on a steep downhill slide toward certain dementia, say experts. Growing evidence suggests there are steps you can take to better the odds of preserving your brainpower and protecting it against disease.

Two avenues for boosting cognition -- challenging your brain & exercising your body -- have drawn considerable scientific research.

A review of the scientific data, published online, found that getting lots of physical activity and reducing your risk of heart disease -- by cutting cholesterol and blood pressure levels, for example, or losing weight -- are among the best ways to maintain a healthy brain. The study, funded by the National Institutes of Health

(NIH), also found that increased mental activity throughout life appears to preserve brainpower.

Through its "Maintain Your Brain" campaign, the Alzheimer's Association urges people to regularly engage in mentally stimulating activities. These may involve doing logic puzzles like Sudoku, reading an entire newspaper daily or going to a museum -- anything that takes you outside your normal range of thinking, said Elizabeth Edgerly, a clinical psychologist who helped develop the campaign.

Mental challenges such as these, researchers theorize, build neural pathways in the brain, buffering against age-related loss and possibly an assault by disease. Some researchers have hypothesized that persistent, effortful mental activity might even retard underlying disease.

Meanwhile, evidence that physical activity may protect against cognitive loss impresses other experts on aging. A recent study that followed more than 1,700 normal seniors for six years found those who exercised the most -- at least three times a week -- were least likely to develop Alzheimer's disease. One theory, based partly on animal research, is that physical exercise may improve blood flow and oxygen delivery to the brain and increase substances

that promote the growth of tissue and blood cells in the hippocampus, a region critical to memory.

But even if mind games or physical activity confer a protective benefit -- scientists say proof is still far off -- there are limits: The most determined personal efforts won't override a strong genetic predisposition to Alzheimer's, say experts. (But not every mental lapse is a sign of dementia. See ["Is It Normal? Or a Warning Sign?"](#)) [Pages 4-5]

Other factors may also affect brain integrity, including diet (for brain health, nutritionists suggest a diet low in saturated fats and rich in vegetables, fruit and fish with omega-3 fatty acids), social life (an active one is thought to improve immunity and reduce inflammation, believed to play a role in Alzheimer's) and health problems like diabetes and heart disease.

Those issues aside, a major question remains: If exercise is protective, what kind is best and at what dose? No one can say.

"You can say with conviction that if a person decides to exercise a certain amount every day or week, that it will help their heart and that it might help their head," said Marcelle Morrison-Bogorad, director of the neuroscience and neuropsychology of aging program at the

National Institute on Aging (NIA). But whether one form of exercise is superior--whether, say, aerobic exercise beats non-aerobic - isn't yet known, any more than whether playing chess or listening to classical music will give you more protection than playing Scrabble or going to a rock concert.

Challenging the Brain

The idea that challenging the brain may help stave off dementia has intrigued many researchers. Defining what constitutes "challenging," though, is difficult, said Edgerly. "If you think of each of us as individuals, what's mentally stimulating to me might be really easy for you and not make you break a cognitive sweat," she said.

The Religious Orders Study, which began in 1993 and includes more than 1,000 nuns, priests and brothers across the country, has found that those who engage more often in reading, puzzles and processing information have a 47 percent lower risk of Alzheimer's disease than those who do little or none. The NIA is funding the study.

A research review published in the journal *Psychological Medicine* found that people who have a significant "brain reserve," or intellectual base

have a much lower risk of developing dementia. "In virtually every study in which we've looked, the more education you have, the lower the prevalence of dementia in that group," said Steven DeKosky, director of the Alzheimer's Disease Research Center at the University of Pittsburgh.

Hybrid activities -- those combining a mental stimulus with some other action -- are also the subject of scientific interest. "Some of the strongest evidence is for activities that involve physical, mental and social at the same time," said Edgerly. Examples include social dancing and coaching or refereeing a team sport, she said.

A recently published study by Sweden's Karolinska Institute offers a case in point. Researchers who followed 776 normal seniors aged 75 and over for six years found that those who said they took part regularly in mental, physical or social activities had a lower risk of dementia; those who combined all three had the lowest risk. Activities that seemed to confer more protection included political and cultural involvement, attending courses, going to the theater or concerts, traveling, being engaged in charity or church activities, and playing music with others.

Getting Physical

Advocates of physical activity to protect against cognitive loss point to a solid -- and increasing -- body of evidence. The just-released NIH review found that, of a host of factors found to confer protection -- including higher education, moderate alcohol use and having a strong social network -- exercise was most impressive. The review reported that three very large trials "found that elders who exercise are less likely to experience cognitive decline."

A study last month in the *Annals of Internal Medicine* followed 1,740 people over age 65 for six years. The participants, all of whom had normal cognitive function at the start, initially reported how often they exercised for at least 15 minutes a day -- everything from stretching and walking to cycling, weight training and aerobic exercise. Every two years, they were given tests to determine their cognitive and physical functioning, and were also asked to assess their general health.

Those who exercised the most -- at least three times a week -- had the lowest risk of Alzheimer's, 32 percent less than the others. Also, those who started out with the lowest level of exercise benefited the most. That suggests it's especially important for sedentary

people to get moving, said Eric Larson, director of the Center for Health Studies at Group Health Cooperative, a nonprofit health system in Seattle. "I think you can make a conclusion that if you're active . . . at an age of 65 or greater, you have an association of a lower risk of Alzheimer's disease and dementia," said Larson.

The finding is consistent with some observations of brain biology, said DeKosky. "There's no question from animal studies that you can even see brain changes in certain growth factors if the animals are forced to exercise," he said.

Other researchers -- Paul Aisen, director of the Memory Disorders Program at Georgetown University Hospital, for one -- aren't as convinced that exercise increases blood flow or that there's a link between blood flow and brain function. Both DeKosky and Aisen agree that exercise has been proven beneficial for cardiovascular health and that it makes people feel better and more alert. But most exercise studies haven't come up with enough data to prescribe a "dose" of activity that's protective. And there are other unknowns. For instance, said Morrison-Bogorad, "we don't know whether you can stop exercise for a few weeks and keep the benefit you had before you stopped."



Seeking Answers

Researchers are continuing to explore whether exercising the brain or body can have any positive impact on brain function, but definitive proof may never be produced, said DeKosky. Rigorous clinical studies that compare one intervention against another -- for example, a drug against a dummy pill -- guard against bias by making sure neither the physician nor patient knows who is getting what. That's not possible in exercise studies.

In addition, testing whether exercise improves brain health could require huge trials lasting decades -- an expense hard to justify when it's already known that physical activity has health benefits, said many researchers.

The NIA is funding two small studies -- which could become larger trials -- looking at the effects of exercise on older people's ability to make decisions and whether exercise can improve mild cognitive impairment.

For now, say experts, it's not a bad idea to hedge your bets by exercising mind and body. "It doesn't mean you

won't get [Alzheimer's disease]," said DeKosky. "What it does is decrease the statistical possibility that you will get it," he said.

Even in the absence of firm evidence, he and others say, there's no harm done by that prescription.

"Fortunately, we're not asking people to do something potentially dangerous, unless they are overdoing it," said Dallas Anderson, program director for population studies in the Dementias of Aging Branch at the NIA. Even better, "the Larson study suggests that only a moderate amount of exercise would be needed, which is probably reassuring to a lot of people." •

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Is It Normal - Or a Warning Sign?

Nervous laughter over age-related mental slips often masks fear over what they could portend. But every minor mix-up is not symptomatic of impending loss of cognition, say mental health experts. Here's how the Alzheimer's Association distinguishes between normal forgetfulness and warning signs of dementia that warrant a doctor's attention.

	Normal	Warning Signs
Memory	You occasionally forget names or appointments.	You can't recall recently learned information
Familiar Tasks	You occasionally forget why you came into a room or what you were going to say.	You find it hard to plan or complete everyday tasks. You lose track of the steps to prepare a meal, place a call or play a game.
Language	You sometimes have trouble finding the right word.	You forget simple words or use unusual words, like "that thing for my mouth" instead of "toothbrush."
Orientation to time and place	You sometimes lose track of what day of the week it is or where you were going.	You get lost in your own neighborhood, or forget where you are or how you got there.
Judgment	You sometimes make questionable decisions.	You give away large sums of money to strangers or wear multiple layers of clothing on a warm day.
Abstract thinking	You sometimes find it difficult to balance your checkbook.	You forget what numbers are or how they are used.
Misplacing things	You sometimes forget where you put your keys or important papers.	You put an iron in the freezer or a watch in the sugar bowl.
Personality and mood	Your personality changes somewhat with age. Sometimes you feel moody or sad.	You undergo a dramatic change in personality, with rapid mood swings. You become suspicious, confused or highly dependent.
Initiative	You sometimes feel tired of work or social obligations.	You become extremely passive, sleep more than usual and withdraw from socializing.

The Washington Post

Senior Voting Rights Explained in New Video



The Secretary of State's office has produced a voter education video to assist senior voters in understanding their voting rights and responsibilities. The video showcases the new voting machines that will be used in every polling site in June.

The video, also available on CD-ROM, highlights voting options for people who may travel out of state for extended periods of time or voters who reside temporarily in nursing homes, hospitals or assisted living facilities. Regardless of whether you vote absentee or in-person, with a pen or with the help of technology, your vote is counted and your voice is heard where it matters most – where you live!

Copies of the video and CD-ROM are available for check-out from AARP North Dakota by calling (701)355-3642 or toll-free (866)554-5383, (ask for Linda Wurtz). We would encourage you to show the video at local senior centers, service clubs and other appropriate gatherings.

You can also obtain information on this video and your voting options from your local county auditor's office or by calling the North Dakota Secretary of State's office at (800)352-0867.

Re-printed from AARP North Dakota News

Governor's Committee On Aging – An Overview

Submitted by Amy Clark – Vice-Chair

The Governor's Committee On Aging was established to act as an advisory body to the Aging Services Division as set forth in the Older Americans Act of 1965. Through the exchange of ideas and information on national, state and local levels relating to aging; the committee also acts as an advocacy body for seniors in the state of North Dakota. The committee's 14 members are appointed by the Governor to three-year terms. These members represent all eight regions including the five tribal councils. Please contact any member of the committee with questions or concerns. The Governor's Committee on Aging holds open meetings quarterly each year.

The following individuals are currently serving on the Governor's Committee on Aging: Mr. Frederick Baker – Chairman (New Town); Ms. Amy Clark – Vice-Chair (Bismarck); Ms. Mary K. Nester – Secretary (Minot); Ms. Shirley Blake – Historian (Fargo); Ms. Betty Keegan (Rolla); Ms. Alecia Hanson (Williston); Ms. Mary Grosz (Hazen); Mr. Marty Heller (Beulah); Mr. Jake Dosch (Valley City); Mr. Larry Wagner (Bismarck); Mr. Kelly Wentz (Fargo); Ms. Gloria Left Hand (St. Michael); Ms. Elaine Keepseagle (Fort Yates); and Ms. Theola Stetson (Taylor)

Are You Ready?

Just in Case: Emergency Readiness for Older Adults and Caregivers

Although seniors made up only 15% of the population of New Orleans before Hurricanes Katrina and Rita, according to Knight Ridder, 74% of the hurricane victims were older adults. These events served as a grim reminder that older adults are disproportionately at risk in disaster situations, and emergency preparation is an even greater concern for this population.

The US Administration on Aging's National Family Caregiver Support Program and Caresource Healthcare Communications, Inc. are pleased to announce the new consumer guide *Just In Case: Emergency Readiness for Older Adults and Caregivers*.

This free consumer resource includes a 12-page fact sheet and checklist that will help older adults and caregivers prepare for emergencies. Special emphasis is placed on issues that affect older adults, disabled persons, and their caregivers due to medical conditions, physical challenges, assistive devices, and mobility issues.

Just in Case presents an easy-to-do three step approach to emergency preparedness:

- Step 1 focuses on a handful of essential things a person should know.
- Step 2 covers emergency supplies, both for surviving at home and for evacuation if necessary.
- Step 3 is creating a personal plan that takes into account a person's own unique medical and physical needs.

Just in Case is a supplement to *Aging in Stride*, a 380-page guide to healthy aging and effective eldercare. The new supplement is available as a free consumer resource at the Aging in Stride website www.aginginstride.org, on the Administration on Aging's website www.aoa.gov, and included with purchases of the book *Aging in Stride*. *Aging in Stride* is available at www.aginginstride.org or by calling (800)448-5213.

ND Family Caregiver Support Program

The well-known writer Mark Twain wrote: "The difference between the right word and the almost right word is the difference between the lightning and the lightning bug." As with all relationships, effective communication is the most important skill for family caregivers. Communication with the medical professionals; elder care providers such as Meals on Wheels and home-health staff; and with siblings is essential for safe and effective caregiving.

The most important communication that a caregiver may most need to improve, however, is communication with the care recipient! Most older adults are independent and have their own ideas and opinions about their lives and care worthy of our respect.

Most people will admit that the biggest problems in relationships involve communication. Below are ideas for caregivers to improve communication to avoid problems and improve the overall care of a parent, spouse or other care recipient.

Top Ten Communication Basics Between Caregivers and Care Recipient

1. **Breath.** Take a couple of deep breaths before you start a conversation. If the conversation becomes emotional or difficult, stop and take another few deep breaths to help you calm down and focus.
2. **Really listen.** As someone once said: "There is a reason that we have two ears and one mouth." Listen to what the person says and check out what the person is hearing you say. For example, "Do you agree that we might want to call the nurse and talk to her about this problem with your medication?" Listen to silence. Silence allows someone to think about what is being discussed or about a response.
3. **Ask questions.** Find out what is really going on. Are you assuming some things about what the other person is saying because you think you know everything that is going on?
4. **Use body language to improve communication** (non-verbal cues in how you use eye contact, gestures, and your distance from the person). Look the person in the eye. Lean into the person or put a hand on the person's arm or shoulder, but remember that not everyone likes to be touched.
5. **Slow down.** Take your time. Avoid trying to talk about and do everything at once. Communication at an even pace allows everyone to think through the conversation and how to respond.
6. **Pay attention to what the person is saying and how they are behaving.** Do the words and the behavior match? Could the person be talking about something very different than what they really want, but they do not know how to say it or ask for something? Be aware that fear may make someone hesitate to say what is really going on. Most care recipients fear admitting to certain problems and concerns that may lead to a further loss of independence.
7. **Talk directly to the person.** It may be easy for caregivers to 'multi-task' as they prepare meals, do laundry, take someone to the grocery store, or accompany a parent to a doctor appointment. Set aside time to have one-on-one conversation. This may save time in the

long run because misunderstandings can be avoided. If the care recipient feels heard and understood, he/she may talk about something that is a concern. Identifying concerns and problem-solving can avoid problems later.

8. **Speak distinctly and clearly - but not louder.** Some older adults do not like to admit that they may not hear and understand conversations around them. The higher pitch of many women's voices may be a problem for some older adults so women may need to consciously lower their voice.
9. **Avoid arguing.** Listen to concerns and try to understand the other person's experience and opinions. Remember that it is still his or her life and care. Focus on meeting unmet needs and not conflict.
10. **Use humor when appropriate.** Humor can help ease tension. Most caregivers and care recipients know each other well enough to find humor in the situation.

For more information contact www.FamilyCaregiversOnline.net



Facts About Water

- 75% of Americans are chronically dehydrated.
- In 37% of Americans, the thirst mechanism is so weak that it is often mistaken for hunger.
- Even MILD dehydration will slow down one's metabolism as much as 3%.
- One glass of water will shut down midnight hunger pangs for almost 100% of the dieters studied in a University of Washington study.
- Lack of water is the #1 trigger of daytime fatigue.
- Preliminary research indicates that 8 – 10 glasses of water a day could significantly ease back and joint pain for up to 80% of sufferers.
- A mere 2% drop in body water can trigger fuzzy short-term memory, trouble with basic math, and difficulty focusing on the computer screen or on a printed page.

Re-printed from The Senior Sentinel





Mark Your Calendars:

Date	Event	Location
August 17	Senior Wellness Sensation	Bismarck
August 31	Graying of ND meeting	Fargo (location TBD)
September 6	Conference on Aging & Disabilities	Fargo
September 23	Alzheimer's Association Memory Walk	Bismarck/Sertoma Park
September 25-28 (Statewide Locations)	ND Forums on Aging (The Forum will replace the Fall Region VII Council meeting on 9/28/06 for the Bismarck Region – more info to follow.)	Bismarck Sr. Center

What is the Graying of North Dakota Coalition?

Submitted by Amy Clark

The Graying of North Dakota Coalition was organized in January of 2000 by the Governor's Committee on Aging and AARP North Dakota. The purpose of this statewide coalition is to bring together organizations and agencies that share common goals and interests in service to older individuals and individuals with disabilities. The discussions at the meetings may result in new legislation and may contribute to and affect public policy decisions.

During the 2005 Legislative Session, Graying of North Dakota initiated a letter-to-the-editor campaign in support of rebalancing our system of care in the long term, and representatives Betty Keegan and Rodger Wetzel testified at committee hearings regarding the needs of caregivers. Those efforts resulted in a 2.65% increase for in-home caregivers. We also achieved advances in policy for our guardianship program.

The membership of the coalition includes over 30 advocacy organizations that include state, county and private service providers. Together, these members represent over 120,000 vulnerable citizens of North Dakota.

The Graying of North Dakota Coalition holds regular meetings in Bismarck that are open to the public – you may contact the Regional Aging Services Program Administrator in your Region for more information.



***2006 Senior Wellness Sensation will be held on Thursday, August 17th
at the Ramkota Hotel in Bismarck. A brochure with registration instructions
is included with this newsletter. If you do not have a brochure/registration
form and would like one you may call Sheila at 701-328-8868.***



Ten Walking Tips



The Principle of Recovery

As Edward Payson Weston advised – after any walking performance, you should always be able to come back the very next day and repeat it. Weston himself often walked 50 miles a day, day after day.

When to Walk

Walk anytime! If you walk after meals, slow down enough to give digestion a chance. No time is better than the time that suits you. Regularity is the key factor.

Natural Gaited Walking

The best walking technique is the one that's natural for you. Walking with weights (ankle weights or hand weights) is unnatural. Weights change your center of gravity, rhythm and biomechanics, not to mention the ballistic stress they put on your connective tissues.

3 ½ MPH Walking

3 ½ mile-per-hour pace causes little fatigue or leg soreness and is a pace most family members can manage if walking together. At 3 ½ mph, stored fat becomes the major source of fuel for your working muscles.

Hills

In climbing, lean forward into the hill. Do not hesitate to slow up your pace. In descending, shift your weight back, taking shorter shuffle steps.

Warming Up & Cooling Down

Walking is the best warm-up/cool-down exercise because it doesn't strain cold muscles, and it helps the heart and blood vessels adjust gradually to blood circulation changes. If you are a 4 mph walker for example, consider warming up (and cooling down) at 3 ½ mph.

Daytime Foot Care

"Listen" to your feet talk. When they start whispering "we're getting warm", that's the time to slip off your shoes. Immediately! Then air cool, clean and re-powder your feet.

Nighttime Foot Care

Avoid hard, cracked, callus skin by soaking and washing your feet in warm water. After drying, massage in wool's fat (lanolin) on all foot surfaces (assuming no allergy to lanolin). Sleep with your feet in open air for good oxygen exchange.

Mind Games

When boredom starts to set in, change the subject! Think of dinner. Observe the clouds. Plan a family outing. Start looking for loose change. If your mind is occupied, it's hard to get bored.

Walking Off Weight

The best way to walk off weight is to walk for time. Sitting down right now you are burning about 1 calorie per minute. When you stand up and start walking, your metabolic rate increases to about 5 calories per minute.

Telephone Numbers to Know

Regional Aging Services Program Administrators

Region I:	Karen Quick	1-800-231-7724
Region II:	MariDon Sorum	1-888-470-6968
Region III:	Donna Olson	1-888-607-8610
Region IV:	Patricia Soli	1-888-256-6742
Region V:	Sandy Arends	1-888-342-4900
Region VI:	Russ Sunderland	1-800-260-1310
Region VII:	Cherry Schmidt (local: 328-8787)	1-888-328-2662
Region VIII:	Mark Jesser	1-888-227-7525

Vulnerable Adult Protective Services

Region I & II:	MariDon Sorum	1-888-470-6968
Region III:	Ava Boknecht	1-888-607-8610
Region IV:	Message Line	1-701-795-3176
Region V:	Sandy Arends	1-888-342-4900
Direct referral may be made to Cass County Adult Protective Services unit: 1-701-241-5747.		
Region VI:	Russ Sunderland	1-701-253-6344
Region VII:	Cherry Schmidt or Sheila Lindgren,	1-888-328-2662 or 1-701-328-8888
Region VIII:	Mark Jesser	1-888-227-7525

ND Family Caregiver Coordinators

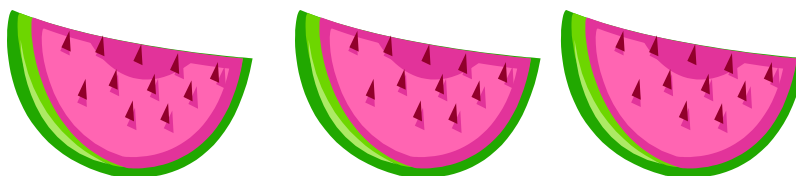
Region I:	Karen Quick	1-800-231-7724
Region II:	Theresa Flagstad	1-888-470-6968
Region III:	Kim Locker-Helten	1-888-607-8610
Region IV:	Raeann Johnson	1-888-256-6742
Region V:	LeAnne Thomas	1-888-342-4900
Region VI:	CarrieThompson-Widmer	1-800-260-1310
Region VII:	Judy Tschider	1-888-328-2662
Region VIII:	Michelle Sletvold	1-888-227-7525

Long-Term Care Ombudsman Services

State Ombudsman:	Helen Funk	1-800-451-8693
Region I & II:	MariDon Sorum	1-888-470-6968
Region III & IV:	Kim Locker-Helten or Donna Olson (701-665-2200)	OR 1-888-607-8610
Region V & VI:	Bryan Fredrickson	1-888-342-4900
Region VII:	Helen Funk	1-800-451-8693
Region VIII:	Mark Jesser	1-888-227-7525

Other

Aging Services Division and Senior Info Line:	1-800-451-8693
AARP: (1-888-OUR-AARP)	1-888-687-2277
ND Mental Health Association	
(Local):	1-701-255-3692
Help-Line:	1-800-472-2911
IPAT (Assistive Technology):	1-800-265-4728
Legal Services of North Dakota:	
	1-800-634-5263
or (age 60+):	1-866-621-9886
Attorney General's Office of Consumer Protection:	
	1-701-328-3404
	1-800-472-2600
Social Security Administration:	
	1-800-772-1213
Medicare:	1-800-633-4227
Senior Health Insurance Counseling (SHIC)	
ND Insurance Department:	1-701-328-2440
Prescription Connection:	1-888-575-6611



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